

PATENT
450100-03410

2674

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ryosuke Takeuchi
Serial No. : 09/927,050
For : PORTABLE TELEPHONE
Filed : August 9, 2001
Examiner : Tran, Henry N.
Art Unit : 2674
Confirmation No. : 4114

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 7, 2005.

Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature

March 7, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

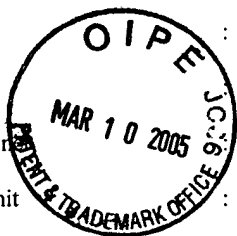
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on December 14, 2004, having a three-month statutory period for response set to expire on March 14, 2005, please amend the above-identified application as follows.

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New York, NY 10151

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	20	0 x	\$18 (9)	= \$0.00
Independent claims	1	Minus	3	0 x	\$86 (43)	= \$0.00
Total additional fee for this amendment						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative
Thomas F. Presson
Signature

March 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.